

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

303  
Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Judice, Ronald J.  
Last First MI2. BUSINESS PHONE 337 - 2781484 cell phone3. BUSINESS ADDRESS 600 Jefferson St. Lafayette, LA 70501  
Street and No. City State ZipMAILING ADDRESS P.O. Drawer Z, Lafayette, LA 70502  
Street and No. City State Zip4. EMPLOYER Roy, Burns, Judice, Roberts & Warkelle, PLLC5. EMPLOYER'S ADDRESS (see above)  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes  No 

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

Our firm & I previously, represented: { Representation  
 1. Name Louisiana Energy & Power Authority now  
 Address Lafayette, LA ceased  
 Business or purpose Municipal joint action Agency AS to lobbying.

New Representation  
 Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_ R

Terminated Representation as of \_\_\_\_\_

**FOR OFFICE USE ONLY**Postmark Date: 9/20/04

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ETHICS AND CAMPAIGN FINANCE RECEIVED

## SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

New Representation

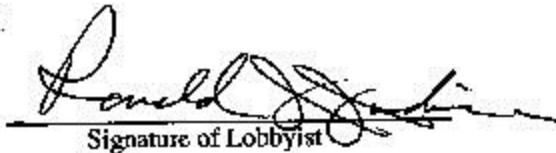
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist